

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-879)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	KNO.	OEP.	KNO.	OEP.	KNO.	OEP.
1	/					
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TOTAL KNO.	71					
TOTAL OEP.	3					
EPIC#	321					

CLAIMS	KNO.	OEP.	KNO.	OEP.	KNO.	OEP.
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TOTAL KNO.	71					
TOTAL OEP.	3					
TOTAL						